

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P04000156696

1. Entity Name

JENNY'S LUNCHBOX #2 INC.



FILED  
05 APR 25 PM 4:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

58 SIOUX CIRCLE  
HOWARD FL 32333

Mailing Address

58 SIOUX CIRCLE  
HOWARD FL 32333

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Havana, FL

City & State

Havana, FL

Zip

32333 Gadsden

Zip

32333 Gadsden

4. FEI Number

20-1888768

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BENFIELD, RON  
58 SIOUX CIRCLE  
HOWARD FL 32333

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of...

SIGNATURE

Signature or printed name of registered agent and title if applicable

(NC)

(Date)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME BENFIELD, CHRISTOPHER  
STREET ADDRESS 58 SIOUX CIRCLE  
CITY-ST-ZIP HOWARD FL 32333

TITLE VD  
NAME BENFIELD, PAMELA  
STREET ADDRESS 58 SIOUX CIRCLE  
CITY-ST-ZIP HOWARD FL 32333

TITLE TD  
NAME KEEL, LASHELLE  
STREET ADDRESS 58 SIOUX CIRCLE  
CITY-ST-ZIP HOWARD FL 32333

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP Havana, FL 32333

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP Havana, FL 32333

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP Havana, FL 32333

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP 300053933813  
05/06/05--01008--013 \*\*150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Lashelle Keel

LaShelle Keel

4/25/05

539-5171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #